

HAWAII STATE ETHICS COMMISSION

DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)

NAME (Last, First, Middle) <div style="font-size: 1.2em; font-weight: bold;">Caldwell, Kirk William</div>	STATE POSITION HELD: (Dept/Div or Board/Commission) <div style="font-size: 1.2em; font-weight: bold;">TERM OF OFFICE (Begin/End): 01/15/07 / 01/15/09</div>
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FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN.
 USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and filer.

ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more received during the preceding calendar year, for services rendered, and the nature of the services rendered.

F, SP, DC, JT	NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED
F	Kirk W. Caldwell, ALC P.O. Box 131, Hon., HI 96810	D	Legal services
F	Kirk W. Caldwell State House of Representatives 415 South Beretania Street Hawaii State Capitol Hon., Hawaii 96813	D	State Representative
SP	Bank of Hawaii Corporation 130 Merchant Street, Hon., HI 96813	H	Vice Chairman; President, of Bank of Hawaii Charitable Foundation
SP	Bank of Hawaii Corporation 130 Merchant Street, Hon., HI 96813	None	Director, Board of Directors
SP	Longs Drug Stores Corporation 141 N. Civic Drive, Walnut Creek, CA 94596	F	Director, Board of Directors

☐ Check here if entry is None

☐ Check here if additional sheets are attached

ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business in or outside of the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business.

F, SP, DC, JT	BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES
F	Kirk W. Caldwell, ALC P.O. Box 131, Hon., HI 96810	A law corporation	Stock	1,000 shares
F	Paul J. Caldwell Irrevocable Trust Attn: Kirk Caldwell P.O. Box 131, Hon., HI 96810	Deceased father's Irrevocable Trust	Money Market Fund	E
SP	Bank of Hawaii 130 Merchant St., Hon., HI	Financial services	Stock	<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> STATE OF HAWAII ETHICS COMMISSION MAY 31 4:05 PM '07 </div>
DC	Hawaiian Electric Industries 900 Richards Street Honolulu, Hawaii 96813	Holding company providing utility and banking services	Stock	
SP	Longs Drug Stores Corporation 141 N. Civic Drive Walnut Creek, CA 94596	Retail drug and pharmacy benefit management services	Stock	
SP	Park Center Bldg Partnership 3538 Waialae Ave., Hon. HI 96816	Owns a commercial office building	Partnership interest	

☐ Check here if entry is None

☐ Check here if additional sheets are attached

ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List any ownership or beneficial interests in businesses transferred during the disclosure period and the date of transfer.

F,SP, DC,JT	OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE PERIOD	DATE OF TRANSFER

☒ Check here if entry is None ☐ Check here if additional sheets are attached

ITEM 4: CREDITORS

List the name of each creditor to whom the value of \$3,000 or more was owed during the disclosure period and the original amount and amount outstanding. Exclude debts from retail installment transactions for the purchase of consumer goods.

F,SP, DC,JT	NAME OF CREDITOR	ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING
JT	Territorial Savings 1132 Bishop Street Honolulu, Hawaii 96813	K	K

☐ Check here if entry is None ☐ Check here if additional sheets are attached

ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS

List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period in any business or organization, the term of office, and the annual compensation.

F,SP, DC,JT	NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION
F	Kirk W. Caldwell, ALC P.O. Box 131, Hon., HI 96810	President	No end date	None
F	The Paul J. Caldwell Irrevocable Trust Attn: Kirk Caldwell P.O. Box 131, Hon., HI 96810	Trustee	No end date	None
F	The International Dyslexia Assn HI Branch 1802-A Keeaumoku St., #2, Hon, HI 96822	Director	3 years	None
F	VLSH, 545 Queen St., Ste. 100 Honolulu, HI 96813	Director	2005-2008	None
F	Friends of John A. Burns School of Medicine See attached	Director	2006-2008	None

☐ Check here if entry is None ☒ Check here if additional sheets are attached

ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS

F, SP, DC, JT	NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE OR TENURE	ANNUAL COMPENSATION
SP	Bank of Hawaii Corporation 130 Merchant Street Honolulu, HI 96813	Vice Chairman	2002 - present	H
SP	Bank of Hawaii 130 Merchant Street Honolulu, HI 96813	Director	09/28/01 – 04/30/25	None
SP	Bank of Hawaii Charitable Foundation 130 Merchant Street Honolulu, HI 96813	President	June 2004 – present	None
SP	Longs Drug Stores Corporation 141 N. Civic Drive Walnut Creek, CA 94596	Director	03/1/05 - 2008	H
SP	Hawaiian Telcom 1177 Bishop Street Honolulu, HI 96813	Member, Hawaiian Telcom Business Advisory Council	03/13/07 – 06/30/07; 07/01/07 – 06/30/08	C
SP	Kaneohe Ranch Company, Ltd. 1199 Auloa Road Kailua, HI 96734	Director	07/15/02 – present	None
SP	Bishop Museum 1525 Bernice Street Honolulu, HI 96817	Director	05/26/05 – 09/08	None
SP	Hawaii Preparatory Academy 65-1692 Kohala Mountain Road Kamuela, HI 96743-8476	Governor	06/03/05 – 06/03/08	None
SP	Public Broadcasting Service (PBS) 2100 Crystal Drive Arlington, VA 22202	Director	10/17/06 – 10/09	None
SP	The Contemporary Museum 2411 Makiki Heights Drive Honolulu, HI 96822	Trustee	10/18/04 – 08/08	None
SP	The Queen's Health Systems 1099 Alakea Street, Suite 1100 Honolulu, HI 96813	Trustee	1/1/05 – 1/1/08	None

ITEM 6: INTERESTS IN REAL PROPERTY HELD, EXCLUDING PERSONAL RESIDENCE(S)

List interests in real property in or outside of the State held during the disclosure period, if the interest has a value of \$10,000 or more. Real property that is your personal residence or the personal residence of your spouse or dependent children need not be listed.

F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	VALUE
SP	3538 Waialae Ave., Hon, HI 96816	(1) 3-3-5-8-4	E
SP	Honolulu Tower 60 N. Beretania St., Apt. 1505 Honolulu, Hawaii 96817	(1) 1-7-5-11 CPR 140	E
SP	Kuakini Medical Plaza 347 N. Kuakini St., Apt. 701 Honolulu, HI 96817	(1) 1-7-17-28 HPR39	D

☐ Check here if entry is None ☐ Check here if additional sheets are attached

ITEM 7: INTERESTS IN REAL PROPERTY ACQUIRED, EXCLUDING PERSONAL RESIDENCE(S)

List interests in real property in or outside of the State acquired during the disclosure period, if the interest has a value of \$10,000 or more. Real property that is your personal residence or the personal residence of your spouse or dependent children need not be listed.

F,SP, DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT & NATURE OF CONSIDERATION PAID	NAME OF PERSON RECEIVING THE CONSIDERATION

☒ Check here if entry is None ☐ Check here if additional sheets are attached

ITEM 8: INTERESTS IN REAL PROPERTY TRANSFERRED, EXCLUDING PERSONAL RESIDENCE(S)

List interests in real property in or outside of the State transferred during the disclosure period, if the interest has a value of \$10,000 or more. Real property that was your personal residence or the personal residence of your spouse or dependent children need not be listed.

F,SP, DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT & NATURE OF CONSIDERATION RECEIVED	NAME OF PERSON FURNISHING THE CONSIDERATION
F	225 Kaiulani Street Hilo, HI 96720 (3) 2-3-15-10	G received by filer	Kevin Charles Wilcox and Lyric Santiago

☒ Check here if entry is None ☐ Check here if additional sheets are attached

ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

List the names of clients personally represented by you before state agencies, except in ministerial matters, for a fee or compensation during the disclosure period, excluding clients represented before courts.

NAME OF CLIENT	NAME OF STATE AGENCY
Hawaii Central Federal Credit Union	Division of Financial Institutions, Department of Commerce and Consumer Affairs
<input checked="" type="checkbox"/> Check here if entry is None <input type="checkbox"/> Check here if additional sheets are attached	

ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES

List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value of \$5,000 or more.

F,SP,DC,JT	NAME AND ADDRESS OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE
<input checked="" type="checkbox"/> Check here if entry is None <input type="checkbox"/> Check here if additional sheets are attached				

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

SIGNATURE

DATE